MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043013
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6038

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3428		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	170X		
10			
11			
12	65-0		
13			

BY AFFIDAVIT OF George K. Boyd — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 30 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPHS HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2734 TROOST AVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ODA Middle O. Last WILEY

4. DATE OF DEATH: Month 11 Day 28 Year 62

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 8-26-1910

9. AGE (last birthday): 52 YEARS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HAZELLE INC.

10b. KIND OF BUSINESS OR INDUSTRY: MANUFACTURE

11. BIRTHPLACE (City and state or country): PARON, ARKANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: W.D. ROBERTS

13b. MOTHER'S MAIDEN NAME: LUDA GUTHRIE

14. NAME OF HUSBAND OR WIFE: ~~DECEASED~~ HAROLD W. WILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: MRS. MARY SWAIN LITTLE ROCK, ARK.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Failure	3 days
Conditions, If any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Metastases	9 months
DUE TO (c)	Carcinoma of Breast	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchitis + Tracheitis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1961 to present and last saw her alive on 11-28-62

Death occurred at 2:36 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George K Boyd MD

22b. ADDRESS: 5111 Independence Ave

22c. DATE SIGNED: 11-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11-30-1962

23c. NAME OF CEMETERY OR CREMATORY: GREEN LAWN CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

24. FUNERAL DIRECTOR ADDRESS: MUEHLEBACH 6800 TROOST

25. DATE RECD. BY LOCAL REG.: 11-29-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 5997

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.